

| Police Department | Animal Services | 1950 Stevenson Boulevard P.O. Box 5006, Fremont, CA 94537-5006 | 510 790-6640 ph | 510 790-6632 fax | www.fremont.gov

Rabbit Adoption Profile



Please be as detailed as possible in your responses so we can assist you in adopting the best rabbit that fits your household and lifestyle.



| and the second | Ramily Infor | mation 🛞 | |
|---------------------------------------------------|-----------------------------------------|-------------------------|-------------------------------------|
| Name: | | | er's License # |
| | City/Zip: | | |
| Phone: (home) | | | |
| Email: | | | |
| Names of others in household (include ages | s): | | |
| Housing: Own Rent Live w/Parents | Type: House | Condo Apartmer | nt Mobile home |
| (Please Circle Appropriate Housing) | (Please Circle Ap | propriate Type of Housi | ing) |
| Landlord Name & Number: | | | |
| Is your landlord informed that you may be ac | dopting a rabbit? _ | | |
| Is everyone in favor of adopting a rabbit? _ | | | |
| What is your household activity level? Low_ | | | |
| Who will be primary caretaker of the rabbit? | | | |
| Why are you getting a rabbit? | | | |
| What other pets are currently residing at you | ur resident? Age/Se | x/Breed/Altered? | |
| | | | |
| Does anyone in the household have allergie | s? Be specific | | |
| | cO. | ~^ | |
| 3 | 🔭 Living Arrang | jements 🔆 | |
| Will the rabbit be: Indoor Outd | | _ | Roam Freely |
| How will you provide exercise and stimulation | | | |
| Who will be responsible for providing meals | | | |
| M | Δ. | rO- | |
| | 😽 Rabbit Specif | ications 🥳 | |
| Have you ever owned a rabbit before? | - | | |
| What happened to the rabbit? Deceased | Lost | _ Gave away | Other |
| If you must relocate, what will you do with you | our pet? | | |
| Who will take care of your pet while on vaca | | | |
| Are you ready to make a LIFETIME commitr | ment to your new p | et? | |
| Do you plan on spaying or neutering your ra | ıbbit? | | |
| Do you understand that you will NOT receive | | | |
| , , , , , , , , , , , , , , , , , , , | , , , , , , , , , , , , , , , , , , , , | | |
| | | | |
| I certify under penalty of perjury, that I am at | t least 18 years of s | ne and that all aho | we information is correct and curre |
| recently direct perialty of perjury, that rain at | ricast to years of a | ge and that an abe | we information is correct and carre |
| Please Sign: | Doto | | |
| i icase Sigii | Date. | | |
| | | | |
| Officer #: Date: ID#: | · Approx | ed/Denied: | Landlard Approved? |
| Officer #: Date: ID#: | | | |